

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047192

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1987

FILED JAN 10 1964

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Poplar Bluff

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Lucy Lee Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

Butler

c. CITY

OR
TOWN

Qulin

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

Rte. 2

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

THOMAS

ROSCOE

HOLLINGSWORTH

4. DATE

OF
DEATH

Month

Day

Year

Dec. 28

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

Dec. 29, 1883

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state c. country)

Hot Springs, Ark. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Robert J. Hollingsworth

13b. MOTHER'S MAIDEN NAME

Drucler Bridges

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Dosee Graham, Hot Springs, Ark

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular accident.

INTERVAL BETWEEN

ONSET AND DEATH

3 weeks.

DUE TO (b)

Pneumonia.

18 days.

DUE TO (c)

Uremia.

3 weeks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12-8-63

to 12-28-63

and last saw him alive on 12-28-63

Death occurred at

5 p.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

330 North Second Street
Poplar Bluff, Missouri

22c. DATE SIGNED

1-2-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 30, 1963

23c. NAME OF CEMETERY OR CREMATORY

Berger Cemetery

23d. LOCATION (City, town, or county)

Ogelsville, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Landess Funeral Home, Campbell, Mo.

25. DATE RECD. BY LOCAL REG

1-6-1964

26. REGISTRAR'S SIGNATURE

Dosee Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

1/128

2/120

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4 0

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13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Christine L. Beall

Licensed Embalmer No. 4227

P. O. Address

Danphell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.